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JUL 1 9 2005

In re Application of:

Docket No.

YUJI SAKAEGI

03500.011122,

Application No.: 08/579,739

Examiner: Carramah J. Quiett

Filed: December 28, 1995

Group Art Unit: 2612

For: COMPUTER PERIPHERAL APPARATUS WITH

POWER SUPPLY CONTROL

Date: July 19, 2005

Mail Stop Amendment THE COMMISSIONER FOR PATENTS P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|-------------------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 6 | MINUS | 21 | = 0 | x \$25 \$ 5 0 | \$.00 |
| INDEP. CLAIMS | 2 | MINUS | 4 | = 0 | x \$100 \$200 | \$.00 |
| Fee for Multiple Dependent claims \$180°/\$360 | | | | | \$.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | \$.00 |

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

| | Verified Statement claiming small entity status is enclosed, if not filed previously. |
|---|---|
| | A check in the amount of \$ is enclosed. |
| | Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed. |
| X | Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed. |
| | A check in the amount of \$ to cover the fee for a month extension is enclosed. |
| | A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed. |
| X | Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below. |
| | Respectfully submitted, |
| | John D. Magluyan Attorney for Applicant Registration No.: 56,867 |

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

Form #120

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|-----------|----|-----|------|---|
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TO: Examiner: Carramah J. Quiett FROM: John D. Magluyan RE: U.S. Application No. 08/579,739 Attorney Docket No. 03500.011122. FAX NO.: (571) 273-8300 NO. OF PAGES: DATE: July 19, 2005 11 (including cover page) TIME: SENT BY: Gina Marie

MESSAGE

Attached are the following papers for the above-identified application:

1. Amendment; and

2. Transmittal for Amendment.

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on:

(Date of Deposit)

John D. Magluyan, Reg. No.56.867 (Name of Attorney for Applicant)

(Name of Attorney for Application

July 19, 2005

Date of Signature

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03500.011122

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Application of: | |) | | | |
|--|---|---|--|--|--|
| YUJI SAKAEGI Application No.: 08/579,739 | | ;) ; | Examiner: Carramah J. Quiett Group Art Unit: 2612 | | |
| Filed: I | December 28, 1995 COMPUTER PERIPHERAL APPARATUS WITH POWER SUPPLY CONTROL | ; | July 19, 2005 | | |
| Commis P.O. Bo | op Amendment ssioner for Patents | | ous, 17, 2002 | | |
| | AMEN | <u>DME</u> 1 | ŢŢ. | | |
| Sir: | | | | | |
| | In response to the Office Action | on date | d April 20, 2005, plcase amend the | | |
| above-io | dentified application, as follows: | | | | |
| | | I he | reby certify that this correspondence is being facsimile transmitted to U.S. Patent and Trademark Office on: | | |
| | | July 19, 2005 (Date of Deposit) John D. Magluyan, Reg. No. 56,867 (Name of Attorney for Applicant) | | | |
| | | 7 | Signaphy Date of Signature | | |